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** CONTINUING DATA *****

DD This application is a CON of 10/237,149 09/06/2002
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** FOREIGN APPLICATIONS *****

DD *MCS*
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 05/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	7	15	2
Verified and Acknowledged	Examiner's Signature <i>DD</i> Initials				

ADDRESS

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TITLE

Stiffening pharyngeal wall treatment

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of
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